

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK T. BENTON • Assistant Secretary for Public Health

Division of Public Health

August 12, 2020

To: Local Health Directors

From: Zack Moore, MD MPH, State Epidemiologist

Re: Case Investigation and Contact Tracing Prioritization (<u>3</u> pages)

The North Carolina local health departments (LHDs) remain central to our pandemic response and play a critical role in assuring close contacts to confirmed COVID-19 cases are notified of their exposure to prevent further disease transmission. During a period of widespread community transmission, existing public health case investigation and contact tracing capacity can be exceeded. When this occurs, efforts should be made to prioritize individuals and populations at highest risk for transmission or morbidity related to COVID-19.

The biggest challenge to prioritization of case investigation is the limited patient data that often accompanies laboratory test results. Efforts to assure that relevant demographic variables are transmitted with the laboratory test result include the following:

- <u>Health Director Order</u> requiring the reporting of key data fields (see the list in last pages of linked guidance)
- NC DHHS testing contracts with vendors require collection of specific demographic data at time of specimen collection and that those data be reported to NC DHHS

In the absence of the needed data elements being included with the laboratory test results, public health staff will need to conduct case interviews to identify high-priority cases for contact tracing. This could be accomplished with an abbreviated interview that focuses on eliciting high-risk living or work settings of cases and contacts.

Below are suggested criteria for prioritizing case investigation and contact tracing activities, stratified by the number of days between specimen collection and case report to public health. We continue to encourage LHDs to attempt to interview all confirmed COVID-19 cases and notify all close contacts of their exposure to the extent possible. The goal of the prioritization is to maximize COVID-19 prevention success by focusing public health resources on cases most at risk for transmitting the virus and contacts who can be quarantined early enough to halt transmission chains. Health departments may consider other criteria based on locally available data.

Time from specimen collection to case report to public health	Cases to prioritize for investigation and contact tracing
≤5 days	Priority 1: High-risk living or work settings
	 Healthcare personnel (HCP) First responders (e.g., Emergency Medical Services (EMS) personnel, law enforcement, firefighters) Individuals living, working or visiting acute care, skilled nursing, mental health, and long-term care facilities Individuals living, working in or visiting community congregate living settings (e.g., correctional facilities, homeless shelters, migrant farm worker camps, educational institutions, mass gatherings, and crowded workplaces including production plants Critical infrastructure and other workers who work with large numbers of people (e.g., food processing plants, manufacturing plants, transportation, food service to critical workers, childcare) Members of a large household living in close quarters especially with a resident who is high-risk for severe illness from COVID-19 Individuals known to live in households with a higher risk individual or to provide care in a household with an individual who is high-risk for severe illness from COVID-19 (Note: Household members who likely had extensive contact with a patient with COVID-19 should constitute the highest risk close contacts.) Individuals working in or having attended community settings with large numbers of people (e.g., educational institutions, mass gatherings, religious events). Indoors settings should be prioritized over outdoor settings. (Note: investigating these cases and tracing contacts is of greatest utility within the first 5 days of specimen collection)
	Priority 2: High-risk conditions that don't meet priority 1 category
	 Individuals 65 years of age and older Individuals who are higher-risk for severe disease Pregnant women

>5 days	Priority 3: High-risk living or work settings
	 Healthcare personnel (HCP) First responders (e.g., Emergency Medical Services (EMS) personnel, law enforcement, firefighters) Individuals living, working or visiting acute care, skilled nursing, mental health, and long-term care facilities Individuals living, working or visiting community congregate settings (e.g., correctional facilities, homeless shelters, migrant farm worker camps, educational institutions, mass gatherings, and crowded workplaces including production plants) Critical infrastructure workers who work with large numbers of people (e.g., food processing plants, manufacturing plants, transportation, food service to critical workers, childcare) Members of a large household living in close quarters especially with a resident who is high-risk for severe illness from COVID-19 Individuals known to live in households with a higher risk individual or to provide care in a household with an individual who is high-risk for severe illness from COVID-19 (Note: Household members who likely had extensive contact with a patient with COVID-19 should constitute the highest risk close contacts.) Individuals working in or having attended community settings with large numbers of people (e.g., educational institutions, mass gatherings, religious events). Indoors settings should be prioritized over outdoor settings. (Note: investigating these cases and tracing contacts is of greatest utility within the first 5 days of specimen collection)